

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☒ Final

Date of Report July 22, 2019

## Auditor Information

<b>Name:</b> William Peck	<b>Email:</b> william199@comcast.net
<b>Company Name:</b> William Peck LLC	
<b>Mailing Address:</b> PO. Box 10449	<b>City, State, Zip:</b> Fairbanks AK 99710
<b>Telephone:</b> 901-378-3998	<b>Date of Facility Visit:</b> 1-2 July 2019

## Agency Information

<b>Name of Agency:</b> Marion County Regional Correctional Facility		<b>Governing Authority or Parent Agency:</b> Mississippi Department of Corrections	
<b>Physical Address:</b> 503 South Main Street		<b>City, State, Zip:</b> Columbia, MS 39176	
<b>Telephone:</b> (601) 736 - 3621		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> www.doc.ms.state.us			

## Agency Chief Executive Officer

<b>Name:</b> Berkley Hall	<b>Title:</b> Sheriff
<b>Email:</b> BHall@marioncountymms.com	<b>Telephone:</b> (601) 736-2033

## Agency-Wide PREA Coordinator

<b>Name:</b> Zac Houston	<b>Title:</b> MDOC PREA Coordinator
<b>Email:</b> zhouston@mdoc.state.ms.us	<b>Telephone:</b> 601-359-5541
<b>PREA Coordinator Reports to:</b> Warden/ LT RITA BONNER	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 1

## Facility Information

<b>Name of Facility:</b> Marion County Regional Correctional Facility
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<b>Physical Address:</b> 503 SOUTH MAIN STREET COLUMBIA MS 39429			
<b>Telephone Number:</b> (601) 736-3621			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Website with PREA Information:</b> www.mdoc.ms.gov			
<b>Warden/Superintendent</b>			
Derek Mingo, Warden		<b>Title:</b> Warden	
MAJORMINGO@BELLSOUTH.NET		<b>Telephone:</b> 601-736-3621	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> BRENDA YOUNG		<b>Title:</b> Compliance Manager/CAPTAIN	
<b>Email:</b> MRSBRENDAYOUNG1@GMAIL.COM		<b>Telephone:</b> (601) 736-3621	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> LAURA STOGNER		<b>Title:</b> RN	
<b>Email:</b> MWNURSE@BELLSOUTH.NET		<b>Telephone:</b> (601) 736-3621	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 300		<b>Current Population of Facility:</b> 279	
<b>Number of inmates admitted to facility during the past 12 months</b>			<b>153</b>
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			153
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			153
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			29
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 25-75	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			0
<b>Average length of stay or time under supervision:</b>			36 MOs
<b>Facility security level/inmate custody levels:</b>			Medium
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			24
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			5

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		3
<b>Physical Plant</b>		
Number of Buildings: 1		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		5
Number of Segregation Cells (Administrative and Disciplinary):		5
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are some 70 high clarity cameras being installed in strategic locations throughout the facility. PTZ Cameras located in all housing units, Hallways, Control Rooms, Kitchen, and Exterior. Controlled/Operated by Control Center		
<b>Medical</b>		
Type of Medical Facility:		Small infirmary
Forensic sexual assault medical exams are conducted at:		Marion General Hospital
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		14
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1

## Audit Findings

### ACRONYMS:

MDOC	Mississippi Department of Corrections
MCRCF	Marion County Regional Correctional Facility
PCM	PREA Compliance Manager
RCF	Regional Correctional Facility
SMCI	South Mississippi Correctional Institution
MDOC Policy	SOP 20-14-01 Prison Rape Elimination Act of 2003, Policy and Procedure

### Audit Narrative

The Marion Regional Correctional Facility is compliant with U.S. DOJ PREA Standards.

The on-site PREA audit of the Marion County Regional Correctional Facility audit was conducted July 1-2, 2019 by Department of Justice Certified Auditor William Peck. The site review was led by Warden Derek Mingo and Captain Brenda Young, the PCM. The out brief was also conducted with them and accompanied by LT Rita Bonner, the Regional MDOC PCM for the South Mississippi Region.

The Mississippi Department of Corrections (MDOC) has established a State-wide network of contracts with some local governments to operate Regional Correctional facilities (RCF) that house selected inmates not requiring higher levels of custody. MDOC is, therefore, an integral element and leader of the statewide RCF PREA process and it both mandates and supports their PREA compliance efforts in RCFs. MDOC also has an extensive and detailed PREA policy which is directed and specified for use by RCFs throughout the State, a policy that provides standardization at all RCFs and is based totally in accord with the PREA Standards.

The governing policy of MCRCF is titled Prison Rape Elimination Act of 2003, Policy and Procedure Number 12.004.1 dated 2/1/2015. The Mississippi Department of Corrections Policy, which all RCFs must follow, is SOP 20-14-01 and has the same title. Both policies and procedures are totally aligned with PREA National Standards and are in most cases a verbatim version.

This Regional Correctional Facility (RCF) houses only MDOC adult male prisoners who have been through reception and intake at a central MDOC institution, remaining there for periods up to several months. Although some Mississippi RCFs house females, this facility does not, nor does it receive any youthful inmates. MDOC also assigns any inmates with medical, disability, immigration or language issues to the various MDOC prisons; such inmates are not sent to RCFs. The use of RCFs for lower security inmates and those nearing release also includes the transfer of special-needs inmates back into a larger State prison if the need for special services arises, as well as the ability of the facility to utilize shared services available through the MDOC.

## **Facility Characteristics**

Marion Regional Correctional Center (MCRCF) is located in Columbia, Mississippi, a southern Mississippi city 2 hours south of Jackson, MS. The RCF is an all-male facility that sits adjacent to the Marion County Jail, which does house both male and female inmates. The facility was opened in 1999 and serves minimum and medium custody male offenders.

Marion County Regional Correctional Facility (MCRCF) is a county-run facility that has a Memorandum of Understanding (MOU) with the State of Mississippi to house Minimum and Medium inmates to perform public service work. The facility operates under the umbrella of the Mississippi Department of Corrections but is owned by Marion County. Although the Sheriff of Marion County, Berkley Hall, governs the facility, they utilize policies and procedures of the Mississippi Department of Corrections that have been standardized for

RCFs. The MOU states that the County will abide by all MDOC rules and regulations regarding custody, supervision, and control of all RCF inmates and, in fact, the RCF uses the MDOC policies as its daily operating guidance.

At the time of the audit, the facility inmate count was 279, near the capacity of 300. All areas of the facility were reviewed during the on-site site review. The medium custody facility consists of 5 dormitory units. Additionally, 5 cells are utilized for segregation, suicide watch, etc., as needed. The beds are dormitory style with bunked beds in a large open bay and adjacent showers/lavatories; all toilets have partitions and all showers also have barriers constructed but which still permit secure oversight. There is a dayroom area with televisions and telephones. There are 5 cells to use as necessary but, generally, due to the select nature of inmates assigned to an RCF, virtually any inmate segregated for any reason will be transferred immediately back to the parent facility, in this case, South Mississippi Correctional Institution in Jackson, MS. There is one segregation cell that is monitored with a camera and checked every 15 minutes if a suicidal inmate is confined pending transfer.

The facility staff is 56 full-time employees, 22 part-time employees, and 6 instructors in addition to medical and foodservice personnel. The majority of the staff is deployed as follows:

Administration-	1 Warden
	3 Majors
	4 Captains
	2 Lieutenants
	2 Transport Officers
	2 Nurses
	1 Nurses Aide
	2 Human resource clerks
	1 Case manager
	1 State Visitation Clerk
	1 Canteen Officer
	1 Chaplin
	1 Maintenance Officer

<b>Day Shift</b>	1 Shift Sergeant
	4 Floor Officers
	1 Recreational Yard Officer
	2 Gun Tower Officers
	3 Control Center Operators
	1 Search & Escort Officer for Classes
	1 Search & Escort Officer to assist with the nursing staff

<b>Night Shift -</b>	1 Shift Sergeant
	3 Floor Officers
	3 Control Center operators

Part-time officers fill in as needed to ensure staffing requirements are met.

The facility was in good condition and was well maintained and staffed. There are educational spaces, a medical clinic, food service and dining areas, recreation areas/gymnasiums, laundry, and a chapel.

Entrance into the housing area is achieved through the lobby by entering directly into a multipurpose room utilized as a dining hall, classroom, library, and area for religious services. Primary access to the housing areas is obtained by exiting the multipurpose room, which leads into the main hallway of the facility. The main Control Center ("Towers") monitors all 5 housing 'zones' (A through E) with clear and direct lines of sight. Appropriate measures have been taken for privacy in the toileting and showering areas, utilizing visual barriers in the toilet area and security shower curtains in showers. Towers I and II are located in the hallways adjacent to the "trustee" dorm and in the center of the hallway leading into the four other housing units.

The facility was very clean, sanitary, secure, and well operated. During the site review, the placement of the cameras monitored from the Control Centers or specific Administrative Staff computers were reviewed. The camera system provides excellent clarity and all cameras are well placed to limit the number of blind spots. During the past 3 years, the facility has continued to expand the number of its cameras, a process visibly underway during the audit, and the facility will total approximately 70 cameras when completed in the immediate future, further enhancing coverage across the facility. The changes were planned in detail, are very well executed, and have been well-received by inmates. Housing areas are monitored from the Control Centers with roving officers making rounds through the living areas on an irregular schedule in addition to scheduled inmate headcounts. Interviews with staff determined that there may be short periods of cross-gender viewing in the event that a suicidal or difficult inmate is placed in the monitored cell, but it would be operationally indicated until the inmate is transferred, which is generally within the same day. Upon reviewing the camera view from the control center, it was noted that the view is minimally intrusive in view of its security purposes.

An additional advantage of the MCRCF is that the facility's manageable size, excellent camera coverage and sightlines, safe and orderly environment, and significant contrast to life in larger prisons are a great incentive for positive inmate behavior. Additionally, many of the inmates are lower security as they near their release and problems are few, and the staff responds to those few quickly.

The facility has done excellent work providing for privacy in the showering and toileting areas while maintaining security and operational functionality. Shower curtains that provide visibility at the top and bottom of the curtains were added to the shower area, and the ability for monitoring remains. Separation barriers and walls were added to the toilet areas to provide appropriate but secure privacy. The facility had very few areas not viewed by camera and, for those, staffing provides appropriate supervision.

### **Pre-Onsite Audit Phase**

Prior to conducting the onsite visit to the facility, the auditor requested that the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records from which the auditor would sample during the onsite portion of the PREA audit.

The listings requested by the auditor in the pre-onsite audit phase included:

- Complete inmate roster (to provide on the first day of the onsite portion of the audit)
- Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Inmates who are Limited English Proficient (LEP)
- Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Inmates (identify all inmates in each category)
- Inmates in segregated housing
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening

Complete staff roster (indicating title, shift, and post assignment)

Specialized staff listing, which includes:

- Agency contract administrator
- Intermediate/higher-level facility staff responsible for conducting and documenting unannounced rounds
- Medical staff
- Administrative (human resources) staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff (e.g., at the agency level, facility level, external entity, etc.)
- Administrative investigative staff (e.g., at the agency level, facility level, external entity, etc.)
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders
- Intake staff

- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:
  - Total number of allegations

The PAQ was received by the Auditor May 20, 2019.

### **On-Site Audit Review**

There were no targeted inmate categories recommended by DOJ for interviews present in the facility.

Prior to the audit, the facility provided to the auditor all policies and procedures for review. The Mississippi Department of Corrections (MDOC) maintains an overarching policy regarding Sexual Abuse and Response and the Marion Regional Correctional Center maintains a facility-specific policy as well as adhering to MDOC policies.

An entrance meeting was held July 1, 2019 at 8:00 a.m., following which the entire facility was site reviewed, and that was immediately followed by commencing interviews. During the site review, camera placement, excellent sightlines, and staff placement were noted to assist in determining standards compliance. Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner. Interviews with inmates and staff supported that the facility does ensure these announcements and that this practice is adhered to in daily operation. Additionally, the facility had enhanced visual privacy barriers in the shower and toilet areas and inmates there are also alerted when female staff is in the area.

It was also evident that all staff and inmates receive appropriate training concerning PREA and the facility's zero-tolerance policy during initial training as well as annual and regular refreshers. All staff was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. Although there have been no cases in which response was necessary, when questioned about responder duties, every staff member was familiar with the expectations of their duties to protect victims as well as the procedures for evidence preservation.

Staffing appeared adequate and well-positioned, to include roving staff making random checks in housing. Of note were the clear lines of sight throughout the housing areas (or "zones") and the lack of blind spots, as well as the camera system that has impressive clarity and detail, all enhancing the security of the inmate living areas. Several inmates interviewed indicated that the environment was structured enough that some inmates would wish to be back in a higher-level prison where they had more flexibility and freedom from security.

The Audit notice was posted throughout the facility. The MDOC PREA hotline number was posted in each of the housing units. The TipLine reporting number was verified to be cost-free and confidential during the onsite review, however, the Advocate number was not working when initially called. This was later rectified.

The facility has demonstrated their commitment to compliance with the PREA standards by providing appropriate privacy barriers in the toilet and shower areas, barriers which still provide for a secure environment for the population. Searches are conducted by same-sex staff with the normal exception for exigent circumstances, which have not yet occurred. Male staff is available on all shifts to conduct strip searches when necessary and this was verified during the interview of both staff and inmates. The facility maintains one observation cell (suicidal inmates, initial investigation separation) which may at times be monitored by opposite-gender staff but only for short periods due to the facility's normal practice of transferring such inmates within hours, or a



maximum of a day or two, to a higher-level of care parent facility. This short-term restricted monitoring clearly meets the justification as a security necessity.

All housing zones, day rooms, inmate program areas, work areas and all other inmate accessible areas were seen during the site review, with several staff and inmates informally interviewed who acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. All inmates were aware of the phone number for reporting and many verified that higher-ranking staff including the Warden and Chief of Security make frequent rounds throughout the facility. Unannounced rounds are documented in the logbook by the Control or "Tower" officer.

Forensic exams would be made available at the Marion General Hospital if an incident occurs. During the review, it was noted that the on-site nurse is involved in providing screening upon intake. Also, of note was the obvious positive presence of Religious Services programming available to the population and several inmates spoke of the facility Chaplain as being someone that they would feel comfortable reporting to if an incident occurred or they were being pressured or threatened.

## **INTERVIEWS**

### **Staff**

Staff numbers here are somewhat fluid due to the use of a part-time employee list to support absences and vacancies. Currently, the facility staff is 56 full-time employees, 22 part-time employees, and 6 instructors in addition to medical and food service personnel in addition to a Chaplain, and 3 medical office personnel.

A total of 41 personnel were interviewed during the course of this audit (3 higher-level agency staff; 3 senior facility staff; 16 random staff; and 19 specialized staff). Staff interviewed consisted of:

- 1 Agency Head Designee, MDOC
- 1 Victim Advocacy Manager
- 1 PREA Coordinator, MDOC
- 1 Warden
- 1 PREA Compliance Manager, MDOC Regional
- 1 PREA Compliance Manager, MCRCF
- 2 Incident Review Team Members
- 1 HR/Administrative Manager
- 2 Sexual Abuse Incident Review Team
- 1 Investigator, Sheriff's Department
- 1 Volunteer Supervisor/Chaplain (Random Interview)
- 1 Contractor
- 1 Medical (Nurse)
- 2 Intake Staff

- 2 Intermediate/High-Level Security Supervisors
- 2 Staff Who Performs Screening for Risk of Victimization
- 1 Staff Member Who Monitors Retaliation
- 3 First Responder Staff (Line)
- 16 Random Staff interviews

Due to the small size of the staffing complement at the facility, numerous specialized employees serve in collateral roles and were interviewed concerning the duties of each assignment. All staff interviewed were well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. Staff was familiar with the procedures regarding reporting, responding and evidence preservation. All correctional staff are trained as first responders and all appeared very committed to protecting the inmates here from any kind of harm.

SAFE or SANE certified staff are available through the local Marion General Hospital, which the facility uses.

### **Inmates**

The PREA Compliance Manager (PCM) and other staff facilitated interviews of all inmates from each housing unit in a private setting. Based upon the inmate population of 279 at the facility for the onsite portion of the audit, the PREA Auditor Handbook expects 26 inmate interviews to be conducted, ideally 13 random inmates and 13 targeted inmate interviews. Since RCFs serve a pre-release and low-security population, MDOC rarely sends these facilities any inmates that PREA guidance defines as specific categories targeted for interviews; and MCRCF had no targeted inmates on board who were identifiable either through records or self-identification. Inmates with specific support needs or issues remain in the larger state institutions and are not sent to RCFs. Additionally, any inmates who develop issues while at RCFs, e.g. medical or mental health, are returned to larger prisons which maintain the resources needed for specialized issues or needs.

There were no inmates self-reported as LGBTI or reporting any sexual abuse at the facility, and no inmates had been separated at any point in the past 12 months for any sexual abuse-related issue, either for investigation, separation or protection. MCRCF does not receive youthful offenders, females, Limited English speakers, or disabled inmates. The MOU with MDOC specifies that all inmates sent to BCCF are in work status and do not have restrictions that would preclude work.

The number of random inmate interviews was increased from the required 13 to 26 to compensate for the unavailability of targeted group members and achieve a total of 26 interviews.

All of the inmates interviewed acknowledged receiving PREA training and written materials (pamphlets, handbooks) outlining the agency's zero-tolerance policies toward sexual abuse, harassment, and retaliation. Many inmates spontaneously discussed the postings with the reporting number. During the interviews, many inmates disclosed that they felt sexual abuse

incidents were very unlikely at this facility due to security levels and nature of the population. Several stated it was the safest place they have been confined, that staff would take any complaint or allegation seriously, and that it would be fully investigated.

## **Conclusion**

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings with Warden Mingo and the PCMs, LT Bonner (regional PCM) and Captain Young (facility PCM).

During the exit meeting, the auditor explained the process that would follow the on-site visit. It was explained that areas found not to meet the standards would need plans to correct them and the audit team would be working with the facility leadership team to accomplish compliance.

The majority of both staff and inmates mentioned the commitment and ethical leadership of both the Warden and the Chief of Operations to keep inmates safe and secure and to work within their policies to resolve any issues. The willingness of all staff involved to accomplish PREA compliance was acknowledged and the facility's desire to become compliant was evident; the leadership and their commitment here is very strong.

The changes the facility has implemented since the on-site visit have addressed auditor concerns and standards compliance issues and the Marion Regional Correctional Facility is compliant with U.S. DOJ PREA Standards.

## **Summary of Audit Findings**

<b>Number of Standards Exceeded:</b>	<b>0</b>
<b>Number of Standards Met:</b>	<b>43</b>
<b>Number of Standards Not Met:</b>	<b>0</b>

## **Summary of Corrective Action**

1. Conflicting information was initially found in staff interviews regarding calls to the Victim Advocate #800 number as to whether the calls are free and/or require a pin number. The reporting TipLine number was verified to be cost-free and confidential during the

onsite review, however, the Advocate number was not working when initially called from several housing units. The Victim Advocate interview had indicated that the calls to her would be confidential, whether by phone or mail, etc., although she noted that she had received no calls from the Marion regional facility due to the nature of the inmates, design, small size, etc.

- In a subsequent test call, the telephone numbers had apparently been cross-connected by the telephone company and the Tipline call actually went to the advocate's office. The PCM reports that this is now fixed, has been tested and works as desired, i.e., no pin required for direct access to the advocate agency or the Tipline. This is compliant.
- 2. Staff interviews indicated shortfalls in being able to answer and explain first responder steps if an incident occurred as well as signs of stress or pressure if an inmate might be facing difficulties from other individuals. This is a training issue and it is noted that training was in fact provided recently. Each staff member has now received additional training and also been issued a First Responder card with all steps clearly outlined up to the point of supervisor or investigator assumption of responsibility. This is compliant.
- 3. Mixed answers were frequently received from inmates about whether they had been asked the required LGBTI questions at intake but the nurse does ask those questions from a form she uses, and she also does a summary assessment at the end of the form, so the risk assessment is, in fact, being accomplished. Each inmate is now issued an explanation of PREA rules and information and signs that they have received it. This is compliant.
- 4. Some interviewed inmates indicated they had not received any PREA training beyond seeing the video which is displayed in all facilities doing reception processes. It was recommended that the PREA information also be given all arriving inmates in a pamphlet format at Intake in addition to the video, etc. MCRCF developed a small PREA brochure which they will issue to every arriving inmate at intake. As of July 9, 2019, the pamphlet was completed and issued to all inmates in the population. This area is now compliant.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes  
☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes  
☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC policy, 12.004.1, the Prison Rape Elimination Act policy, mandates zero tolerance of sexual abuse and harassment. The policy outlines the agency's approach to preventing, detecting and responding to such conduct. Prohibited acts are clearly defined. Staff duties are defined within the policy. The MDOC state-wide PREA Coordinator and facility PREA Compliance Manager (a Lieutenant) were both familiar with their respective responsibilities to ensure compliance to policies by staff, and the MCRCF Compliance Manager indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. The PCM also provides all PREA training to staff, inmates and volunteers/contractors and thus is involved in all phases of compliance.

#### Standard 115.12: Contracting with other entities for the confinement of inmates

#### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Based on documentation provided and interviews with the Warden and PREA Coordinator, it was determined that this facility does not contract with other facilities to house inmates assigned to their custody. This standard was found to be meeting the Standard.

#### Standard 115.13: Supervision and monitoring

##### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

**115.13 (b)**

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☒ Yes   ☐ No   ☐ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes   ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes   ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes   ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes   ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes   ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes   ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The average population since the 2016 audit is 294. The staffing plan is based on a population of 300. A review was conducted of the staffing plan and standards criteria items that the facility takes into consideration while examining their plan was discussed with the facility Warden and Chief of Security. The facility has documented and made its best efforts to comply, on a daily



basis, with a staffing plan that provides for adequate levels of staffing as described by this standard. Staffing levels are monitored daily by review of shift rosters. Any time the plan is not followed, the Chief of Security is notified, and it is documented. The plan is reviewed annually by the Executive Staff to include the PREA Coordinator and any recommendations are sent to the MDOC PREA Coordinator. Intermediate and higher-level staff are required by facility policy to conduct and document unannounced rounds, a process that is obviously conducted in daily operation as evidenced through inmate and staff interview as well as facility logs. Supervisors making Rounds were also in evidence during the Auditor's site review of the facility. The leadership has identified through annual reviews, etc., the need for increased camera coverage and installation was underway and nearing completion during the audit. The final total will be approximately 70 cameras dependent on their assessment as installation nears completion.

## **Standard 115.14: Youthful inmates**

### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### **115.14 (c)**

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Based on the MOU documentation provided and staff interviews, MCRCF is an adult facility and does not house youthful offenders. Therefore, this Meets Standard.

### Standard 115.15: Limits to cross-gender viewing and searches

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The facility does not house female inmates. Based on facility policy, training curriculums, staff and inmate interviews, and documentation provided in logs, MCRCF does not conduct cross-gender strip searches and/or cross-gender body cavity searches. Although policy allows for such searches during exigent circumstances, the majority of staff interviewed were of the impression that such searches are simply not allowed. There have been no instances to date but, in the

event any occur, the staff is aware of the procedures and that policy defines the requirement to document such searches. Inmates are allowed to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing these evolutions, especially with the implementation of security shower curtains for the shower areas and privacy barriers in the toilet areas since the initial PREA audit.

Cameras are appropriately positioned to ensure privacy while maintaining a secure overall environment. Opposite gender staff is required by policy to announce their presence prior to entering the housing areas, and this was observed throughout the site review. Interviews with staff and inmates revealed that opposite gender announcements are common practice at the facility. Inmates indicated that females never entered areas of any potential nudity without announcing themselves and pausing to provide opportunities to cover oneself. Staff was aware of the prohibition of searching or examining a transgender or intersex inmate for the purpose of determining the inmate's genital status. As there have been no transgender inmates at the facility, policy, training documentation and staff interviews show that staff is familiar with the search procedures for this population.

Housing areas are monitored from the Control Centers/Towers with roving officers making rounds through the living areas on an irregular schedule in addition to the scheduled inmate headcounts. The cells in the segregation area will be monitored by a camera upon conclusion of the current installation but the camera placement will be designed to minimize any view of the toilet. Staff will also continue to monitor segregation units.

Upon interview with staff, it was determined that there may be short periods of cross-gender viewing in the event that a suicidal or difficult inmate is placed in the monitored cell, but it would be operationally indicated until the inmate is transferred, which is generally within the same day. Upon reviewing the camera view from the control center, it was noted that the view is minimally intrusive in view of its security purposes.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There have been no instances of the use of inmate interpreters in the past 12 months.

Although documentation reveals that inmates with disabilities are not generally housed at MCRCF, the facility has a policy in place to ensure inmates with any disabilities have equal opportunity to participate in or benefit from all aspects of MCRCF's efforts to prevent, detect and respond to sexual abuse and harassment. There have been a few cases of limited English proficiency but none of the inmates who speak no English at all. The facility makes available written information in English, and Spanish if needed. Through staff and inmate interviews, it is clear that staff are available to ensure effective communication with inmates having difficulty reading or understanding information. Additionally, the facility has in place an agreement with MDOC to provide translation services both by phone or in person, as needed, if foreign language issues occur. The facility is compliant with this standard.

### Standard 115.17: Hiring and promotion decisions

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have

in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks was 22. There were no new contractors who required records checks. By review of policy, interview with the staff responsible for Human Resources functions and documentation review, it was found that the facility does not hire or promote or enlist the services of any contractor who may have contact with inmates if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17(a), or had any incidents of sexual harassment. New employees and potential



contractors receive criminal background checks and those are renewed every 5 years through the NCIC system. Applicants for hire or promotion are asked directly about misconduct through a separate reporting form from during the application process. Requests from employers concerning former employees are responded to by the staff responsible for the facility HR functions.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☐ No ☒ NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During this audit cycle, there have been no major structural modifications but an extensive camera coverage increase is currently in the install status. An interview with the Warden indicated that an assessment was conducted to ensure cameras are best placed for blind spots and better PREA coverage. The cameras are well-placed and well-received by inmates. The video monitoring system installed has the clarity and capability to monitor activities within the

housing zones and other facility areas with excellent lines of sight and coverage. The staff as well as inmates confirmed during interviews that they felt safe and secure with the camera system. Observations during the site review made it evident that the system can observe virtually every area in the facility while still enabling the privacy in toilet and shower areas afforded by the visual barriers installed in these areas.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Any allegation of sexual abuse is referred to the MCRCF investigator. The interview with this investigator indicated that he has extensive general investigatory experience and he plans to increase his training background with specific training in sexual abuse investigations and he and the auditor discussed the NIC training for investigators.

In the event it is determined that there is not enough evidence to support substantiation of a crime, in the case of an investigation determined to be administrative, the warden, PCM, and the investigator work together to investigate the incident, since the facility is part of the Sheriff's Department and does not maintain its own separate correctional investigator. Per policy, and as documented in interviews with the Warden, Investigator and PREA Compliance Manager, and training records, the investigator at MCRCF has completed specialized training specific to conducting investigations concerning sexual safety for administrative investigations.

All on-site staff have been trained in the collection and preservation of usable evidence and were able to well verbalize the steps required. The facility follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence.

The facility nurse does not conduct forensic work as part of her practice so any inmate who is a victim of, or alleges, sexual assault will be offered access to forensic examination at no cost at Marion General Hospital, where a SAFE/SANE is available as referenced per the facility's Memorandum of Understanding. There have been no instances of forensic exams conducted during the past 12 months.

In the event of need or request by a victim, a trained victim advocate is made available as documented in an MDOC Memorandum of Understanding with the Mississippi Coalition Against Sexual Assault (MCASA). This MOU provides for this advocate to be the statewide DOC Victim Advocate. The information needed to contact that advocate is provided in every housing unit posting. Her primary role as the PREA inmate Advocate is to provide services (emotional support services, advocacy, crisis intervention, and inmate education) to incarcerated survivors within MDOC facilities. She has also provided Sexual Assault specific training to MDOC corrections staff from 2016 to the present.

The Advocate explained in the interview that she has backup support arrangements with local rape crisis centers throughout the state in the event support is needed at nighttime hours but that crisis centers in Mississippi are usually small and many are located in rural areas; and that interview also stated that the Advocate would be on-site the following morning at the latest. She reported having received no calls or mail regarding any issues at MCRCF and that the staff has always been responsive to any issues or calls by her. Conflicting information was initially found in staff regarding calls to the Victim Advocate #800 number as to whether the calls are

free and require a pin number. The reporting Tipline number was verified to be cost-free and confidential during the onsite review, however, the Advocate number was not working when initially called from several housing units. The Victim Advocate interview had indicated that the calls to her would be confidential, whether by phone or mail, etc., although she noted that she had received no calls from the Marion regional facility due to the nature of the inmates, design, small size, etc.

- In a subsequent test call, the telephone numbers had apparently been cross-connected by the telephone company and the Tipline call actually went to the advocate's office. The PCM reports that this is now fixed, has been tested and works as desired, i.e., no pin required for direct access to the advocate agency or the Tipline.
- This area is compliant.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☐ Yes ☐ No

### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Facility policy requires that an administrative or criminal investigation be conducted for any allegation of sexual abuse or harassment and every allegation of potential criminal activity would be forwarded to the Sheriff's Department for investigation and prosecution as warranted. All requirements of the standard are outlined in the RCF policy.

During the interview with the investigator, it was evident the Sheriff's CID and the facility investigator work hand in hand to accomplish compliance with this standard, especially as they both are part of the Sheriff's Department sworn staff and qualified investigators. The investigator indicated he would be notified immediately and would initiate an investigation as soon as possible. The communication between the facility administration and the Sheriff's office is outstanding.

## TRAINING AND EDUCATION

#### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCRCF places great emphasis on staff training. All staff, both permanent and part-time, receive PREA training upon hiring, as well as annual refresher training, on the specific standards outlined in sections 1-10 of standard 115.31(a), as well as specific training on being first responders. During the past 12 months, 76 staff received the required refresher training. It was evident during the staff interviews, as well as upon review of training documentation, that staff received the PREA training prior to assuming duties and were aware of their inmate protection responsibilities concerning sexual abuse and harassment incidents as well as required steps of evidence collection. Supervisors also noted in interviews that PREA topics are routinely discussed when meeting with senior staff. Training is tailored to the male-only gender of all inmates and documentation reveals that staff acknowledges their understanding of the training received. All documentation is maintained within the facility files and the individual training files and were noted by the auditor during staff human resources files review.

#### Standard 115.32: Volunteer and contractor training

##### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

##### 115.32 (b)



- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All contractors and volunteers receive 8 hours training on their responsibilities under the facility's sexual abuse and harassment prevention, detection and response policies, and procedures. One contractor and volunteer received the required initial and annual refresher training. Training included potential disciplinary and criminal or administrative procedures for violations. Training records and signed acknowledgment forms were reviewed to ensure compliance with the training required for the level of contact of the volunteer or contractor. During the interview, the Chaplain, who supervises and trains all the volunteers, confirmed the receipt of the training and the requirements of reporting and response.

#### Standard 115.33: Inmate education

##### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☐ Yes ☐ No

##### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Prior to arrival at MCRCF, while in the MDOC reception process at an MDOC designation center, all inmates are required to receive the PREA-required education and information, by video and in person, concerning sexual safety to include reporting, response, and retaliation. Training/education is documented in the MDOC electronic inmate files and random inmate files reviewed showed the entries in every file.

This past year, 153 inmates were received from MDOC and all received both the initial intake education and the follow-on, more detailed, education since all 153 remained longer than the 30 days noted in PREA guidance. Additional postings and signage are located throughout the facility, readily and continuously available in English and Spanish if needed. During the intake process, the inmate is questioned to verify receipt of training while in MDOC reception process, and previous education and training are verified and noted in the inmate file. If there is no verification in the file or from the inmate, the entire intake PREA training is supposed to be given and documented. Documentation was provided to prove inmate participation in educational sessions concerning sexual safety.

During the MCRCF intake process, inmates now receive basic information explaining the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment in an effort to supplement the reception center data and training provided en route to the RCF. A few inmates could not recall their initial PREA education information from a number of years past; additionally, some interviewed inmates indicated they had not received any PREA training beyond seeing the video which is displayed in all facilities doing reception processes. Given the PREA requirement to provide new education and risk assessment when transferred, it was recommended that the PREA information also be given all arriving inmates in a pamphlet format at Intake in addition to the video, etc. MCRCF developed a PREA brochure which they will issue to every arriving inmate at intake. As of July 9, 2019, the pamphlet was completed and issued to all inmates in the population. This is compliant.

Much of this information is disseminated by the Case Manager and the MCRCF nurse, both involved in asking the PREA-related questions during Intake.

The facility provides the required offender education per the elements of the standard. The inmates are receiving PREA education and their Handbook upon arrival to the facility at intake. Inmates read and sign PREA forms of understanding upon intake to the facility. The auditor reviewed current copies of documents in inmate files signed by inmates indicating they have received these PREA pamphlets and information and understand what information they have been trained on/given. Offenders also received the same information again from the PCM on 6-

27-2019 and they signed and read the form again. Offenders will receive PREA information upon intake and will be shown a video on a monthly basis.

Although most answers regarding inmate education were satisfactory, mixed answers were frequently received from inmates about whether they had been asked the required LGBTI questions at intake. The nurse does ask those questions from a form she uses with every inmate, and she also does a summary assessment at the end of the form, so the risk assessment is, in fact, being accomplished. To ensure this area is compliant, each inmate is now issued an explanation of PREA rules and information and signs that they have received it.

This area is compliant.

## **Standard 115.34: Specialized training: Investigations**

### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Based on a review of the facility policy, training curriculum and investigator interviews, the investigator has received additional specialized training in conducting investigations in a confinement setting in addition to general training provided for all employees. In the event of an allegation, the Sheriff's Department could be contacted to conduct a criminal sexual abuse investigation but the one Sheriff's Investigator who is at the facility has received specialized training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All training is documented in the training record maintained by the facility.

#### Standard 115.35: Specialized training: Medical and mental health care

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Specialized training is provided as required for all 3 of the RCF medical staff. It was verified through review of policy requirements, training records and interview of the medical staff that training is received concerning how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, effectively responding, and how and to whom to report. Forensic examinations are not conducted by on-site staff. Training is documented and maintained in the facility training record.

Mental Health Services are provided through the Mississippi Department of Corrections, not in an RCF, and an offender requiring such services would be transferred back into the State prison system.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No



**115.41 (f)**

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  
☒ Yes ☐ No

**115.41 (g)**

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

**115.41 (h)**

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

**115.41 (i)**

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  
☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There were 153 inmates entering the facility this past year, for over 72 hours, who were screened for risk. As required by the policy and standard, all inmates are screened upon intake at the regional MDOC Reception Facility for their risk of being sexually abused by other inmates

or being sexually abusive toward other inmates; they also receive their first reassessment there since they are normally there several months. The screening tool considers whether the inmate has a mental, physical, or developmental disability, age, build, previous incarceration, prior sex offenses, criminal history, and previous victimization. Inmates detained solely for civil immigration purposes are not sent to RCFs. If so, these inmates are retained in MDOC and not sent to an RCF. All 153 arrivals in the past 12 months were reassessed within the 30-day requirement; the nurse and Case Manager normally accomplish this at around the 14-day mark.

MDOC policy is that inmates are not disciplined for refusing to answer, or for not disclosing information in response to questions from the screening tool. All information is maintained appropriately secure with restricted access, and sensitive information is not available to the line staff or other inmates. Information collected on the screening instrument is restricted to staff making housing, work or program assignments.

Although assessment and reassessment have already been accomplished at the reception center, the RCF Classification Officer meets with every offender at arrival and every 30 days thereafter. As required in the standard, the reassessment to determine the inmate's risk of victimization or abusiveness reviews prior data and considers any new, additional, relevant information that may have been received by the facility since the intake screening. The Case Manager intake process uses a form that addresses past sexual victimization. This screening is done within the first 72 hours of the offender arriving at the facility.

The Auditor reviewed documented inmate classification and assessment data in the electronic inmate records system of the Case Manager.

## **Standard 115.42: Use of screening information**

### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### **115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### **115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### **115.42 (d)**

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### **115.42 (e)**

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### **115.42 (f)**

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### **115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

As required by facility policy and indicated through staff interviews, MCRCF gathers the necessary information from the risk screening done at the Reception Center, plus their own case management intake process, but because of the MDOC screening parameters, low custody level and low numbers of the population, the data is only seldom required to determine housing, bed, work, and program assignments. The numbers of inmates at high risk of being sexually victimized and those at risk of being sexually abusive are very small segments of this RCF population but the Case Manager has a specific form to use with those inmates who reported an abuse when received into the DOC system, an event years in the past in most cases.

Staff identification of any potential predators or victims, including by the nurse in Intake screening, results in the swift notification to senior staff for individualized determinations of how to ensure the safety of each inmate. Options range from separation in housing and work assignments to including the transfer of inmates back to the MDOC Parchman facility if needed to ensure that appropriate services from a larger institution are available and provided if needed.

Generally, transgender or intersex inmates are not assigned here but remain in a larger MDOC institution with more resources for housing and programming. If assigned here, the policy is in

place that all assignments would be reassessed twice yearly to review safety, with the inmate's own views of safety given serious consideration and this understanding was substantiated in interviews with the Warden, Chief of Operations, and Case Manager. Although the facility has not received transgender or intersex inmates, facility policy provides the opportunity to shower separately from other inmates and facility staff was familiar with this requirement.

## **Standard 115.43: Protective Custody**

### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There were no instances of the use of involuntary segregated housing in the past 12 months. MCRCF policy does outline procedures to ensure inmates at risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made. Staff and inmate interviews and files documentation revealed no incidents of involuntary segregated housing being used for this purpose at this facility. Housing assignments to the smaller housing zone are made for older inmates, but protective custody has been used very sparingly and not at all these past 12 months. The size of the population at this facility is a distinct advantage as the staff is readily familiar with most inmates individually as well as being aware of their unique circumstances. Although there have been no incidents or allegations at this facility in the past 12 months, staff interviewed were aware of the requirements of the standard as well as the facility policy.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Multiple avenues are provided to the inmate population for reporting purposes, to include mail, free telephone services to PREA Investigative offices and the Victim Advocate external agency, and directly to any staff member or third party who may report back to the facility. Telephone reporting instructions that go directly to MDOC investigators are posted in all units, are free, and can be confidential if desired. The information for the external Advocacy agency is posted throughout the facility and listed in the inmate handbook; all inmates interviewed were aware of the telephone number posting. Inmates may remain anonymous by using the external agency or by submitting an anonymous 'chit'. Staff knew the methods to report and all interviews stated that they would be comfortable doing so.

The posting in the main entry to the RCF, accessed by all visitors, explains all third-party reporting options, including Contact information for both the Investigator and PCM by name and phone numbers; contacting the TipLine or the Advocate, with contact information; calling or using the MDOC website; and contacting the Sheriff's Department number.

Attempts to make calls on the TipLine and to the Victim Advocate agency failed and could not be completed in the telephone system. Apparently, phone numbers had been Crossed in a recent update. This was corrected while at the facility and the PCM reports the system has been tested and is again working as required.

### **Standard 115.52: Exhaustion of administrative remedies**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA



**115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

**115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

**115.52 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

**115.52 (e)**

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a

condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Interviews with the Warden and PREA Coordinator affirmed that there's no administrative grievance process for sexual abuse or harassment. No grievances regarding sexual abuse have been filed in the past 12 months, including grievances alleging danger of imminent abuse.

### **Standard 115.53: Inmate access to outside confidential support services**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The facility provides the inmate population with access to outside victim advocates for emotional support services related to sexual abuse through the Mississippi Coalition Against Sexual Abuse (MSCASA) by way of a Memorandum of Understanding with MDOC. There is a dedicated statewide Victim Advocate for inmates and she responds to every request. There is also a network of agreements between her and local rape crisis centers throughout the state for urgent or emerging issues, but many of these centers are rural and not located near MDOC facilities. The Victim Advocate indicated in her interview that she would attempt to use an area crisis center in an emergency but would, in any event, be immediately available and present no later than the following morning.

As viewed during the facility site review and documented in the inmate handbook and facility policy, mailing addresses and toll-free hotline numbers are provided to the inmate population. The Victim Advocate also noted that she has received no calls from the MCRCF in the past year or even several years due to the nature of their inmates and the design of the facilities.

The MSCASA phone number is currently used by third-party reporters, family members, friends, other outside persons that the inmate has provided the phone number to (or info obtained from our website) and asked the third-party to call on their behalf.

Conflicting information was initially found in staff regarding calls to the Victim Advocate #800 number as to whether the calls are free and require a pin number. The reporting TipLine number was verified to be cost-free and confidential during the onsite review, however, the Advocate number was not working when initially called.

In a subsequent test call, the telephone numbers had apparently been crossed by the telephone company and the Tipline call actually went to the advocate office. The PCM reports that this is now fixed and has been tested and works as desired, i.e., no pin required, direct access.

### Standard 115.54: Third-party reporting

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The facility provides information concerning third-party reporting directly to the facility or through the Mississippi Coalition Against Sexual Abuse (MCASA) to the general public on the Mississippi Department of Corrections website, as well as in the handbook and on postings in the telephone areas for the inmate population of each housing zone. The PREA TipLine number is without cost to inmates and they are able to leave a message for the PREA Coordinator to follow up with reporting and move forward with an investigation. PREA tip lines within the facilities are free and are managed by the MDOC PREA Coordinator and the PREA Compliance Managers. It is noted again that in MDOC facilities, not regional facilities, all regional PREA staff are assigned under the DOC investigation organization, not the facility.

The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated. The MDOC information posted in all units indicates the ability and information needed to report this type of incident to MDOC headquarters staff as well. Facility postings inform inmates of the extent to which reports of abuse will be forwarded to authorities and the degree to which communications are monitored. Reports can be made to an internally-sponsored number that sends call information directly to the Warden and the Chief of Operations cellphones. Anonymous reports can be made to the MDOC sponsored phone number or the Victim Advocacy agency.

## **OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

### **Standard 115.61: Staff and agency reporting duties**

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

**115.61 (b)**

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

**115.61 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

**115.61 (d)**

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

**115.61 (e)**

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The facility requires all staff, to include medical practitioners, to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. The nurse confirmed that she is a mandatory reporter by law in such cases. Random staff interviews confirmed staff awareness of their responsibility for the immediate reporting requirement and not disclosing information of allegations except in the investigation.

## Standard 115.62: Agency protection duties

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

No staff interviewed could recall any sexual incidents in any recent years, including longer-term staff.

The facility policy requires staff to take immediate action to protect any inmate subject to the risk of imminent sexual abuse. During interviews, the staff was aware of the general steps to take to protect an inmate as well as their general required first responder procedures but varying answers were received from the staff that indicated a training shortfall. Not all responder steps were clearly conveyed by several of the staff interviewed. The leadership

related in interviews that this training occurred in recent weeks and would be repeated. Staff voiced their genuine commitment to the importance of this requirement and it appears the various answers received were due to the continuing lack of incidents that exercise that training and the first responder steps. They indicated they would enforce it personally and believed that other staff also agreed with this approach. A uniform response from both inmates and staff was that the senior leadership would not tolerate any PREA infractions or any type of sexual misconduct. Extensive training and sensitivity to safety concerning this topic was evident throughout all interviews at the facility. Random questions to staff during the site review gave the same results and that they were aware of the steps and processes required.

If necessary, in order to protect an inmate, MCRCF can transport aggressive inmates to an MDOC parent facility where more housing and treatment options would be available if needed.

### Standard 115.63: Reporting to other confinement facilities

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



Facility policy requires that documented notification by the Warden occur within 72 hours to the appropriate agency upon receiving an allegation that an inmate was sexually abused while confined at that facility, in order to ensure it was investigated.

There have been no instances in the last 12 months, but during an interview with the facility Warden and senior security personnel, familiarity with the required procedure was demonstrated.

## **Standard 115.64: Staff first responder duties**

### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

### **115.64 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There were no allegations of sexual abuse received in the past 12 months. MCRCF policy specifically outlines the detailed procedures for all staff to respond to an allegation that an inmate was sexually abused in accordance with the standard. All facility staff are trained as first responders and were aware of their expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. The staff has received required training specific to these duties as confirmed through training rosters as well as staff interviews, however, staff interviews indicated shortfalls in being able to answer and explain first responder steps if an incident occurred as well as signs of stress or pressure if an inmate might be facing difficulties from other individuals. This is a training issue and it is noted that training was in fact provided very recently.

Each staff member has now received additional training and also been issued a First Responder card with all steps clearly outlined up to the point of supervisor or investigator assumption of responsibility. This is now compliant.

## Standard 115.65: Coordinated response

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

No incidents have occurred, but the facility has developed and implemented an institutional plan though facility policy to coordinate actions of staff in response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each although. The

provided First Responder card includes initial steps for senior staff as well as initial response steps for line staff first on the scene. The facility is developing a first responder card to be carried by all staff to assist in first responder steps execution.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency has not entered into any agreements limiting the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of discipline warranted. Employees are subject to disciplinary sanctions up to termination for violating the MCRCF Policy regarding sexual abuse and harassment. Leadership interviewed stated that no agreements with such limitations would be entertained, according to both PREA Standards and MCRCF policy. Staff are Sheriff's employees and subject to his decisions on retention in any event.

## **Standard 115.67: Agency protection against retaliation**

**115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

**115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

As defined in facility policy, multiple protection measures such as housing changes, transfers to a larger MDOC facility, emotional support services and removal of perpetrators would be put in place to protect all inmates and staff who report sexual abuse or harassment from retaliation. In the event of an allegation of sexual abuse, monitoring for retaliation would currently be provided by the PREA Compliance Manager. Monitoring would be ongoing for a minimum of 90 days with periodic status checks unless additional time is warranted. There is a mandated form

in place to be used for such monitoring. All monitoring is for a minimum of 90 days, and depending on need, it will be extended.

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

At MCRCF there have been no inmates placed in involuntary restrictive housing for protection following an allegation of sexual abuse.

Facility policy outlines that housing in involuntary restrictive housing occurs only when no alternatives are available for separation and safety purposes. Policy also states that the segregation, if used, will be very short-term or will include the provision of programs and privileges being offered. Generally, an inmate would be transferred to the MDOC facility for housing to ensure safety if needed. Interviews with specialized staff, the Warden, and the PCM confirmed this procedure and understanding of policy.

## INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third-party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



There have been no allegations in the past 12 months and no investigations. Any allegation of sexual abuse, no matter the method used to report, is immediately referred to the investigator for criminal investigation, with cooperation from facility staff leadership trained for administrative investigations. In the event the incident cannot be proven, it may be referred back to the facility for Administrative Investigation. In the case of an investigation determined to be administrative, the warden, chief, and the sheriff investigator will work together to investigate the incident.

Upon interview and documentation review of the local Sheriff's Department Investigator, it was determined that the Investigator has extensive law enforcement criminal investigation experience, and some training had been received specifically concerning sexual abuse investigations, evidence collection, and preservation but the investigator indicated he plans to increase that training even more in the future and feels that would enhance his overall background in this area.

The investigator and senior staff interviewed stated that any allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victim would not terminate the investigation. Facility policy requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and not be determined by any inmate status and the interviews with the investigator and Warden supported this.

Complete investigative reports are required to be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Law enforcement investigation records are retained indefinitely by the Sheriff's office.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCRCF policy requires that the 'preponderance of evidence' standard be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Warden PCM, and Investigator interviews verified this as the measure they utilize. In the absence of any such events having occurred, the auditor relied on policy and interviews regarding the assessment of this standard.

## **Standard 115.73: Reporting to inmates**

### **115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☐ Yes ☒ No

### **115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There have been no allegations of sexual abuse or harassment this past 12 months and no investigations, and thus no notifications were required. Per facility policy, MCRCF has the responsibility to inform the reporting inmate as to whether his allegation was determined to be substantiated, unsubstantiated or unfounded.

Following an allegation that a staff member has committed sexual abuse against an inmate, the agency will inform the inmate in writing if the staff is no longer posted in the unit or no longer employed at the facility; and if they have been indicted or convicted. If it involved another inmate, while in custody, the victim would be notified in writing whenever the alleged abuser was indicted or convicted.

Although there have been no allegations thus far to be reported, higher-level staff and PREA staff indicated in their interviews they were aware of the requirement and the procedures to follow.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There have been no incidents requiring the discipline of staff and thus no necessity to make any reports on professionals to licensing boards, etc.

At MCRCF, the staff is subject to disciplinary sanctions, to include termination, for violating the facility sexual abuse or harassment policies. Termination is the presumptive disciplinary sanction for staff and that policy is reaffirmed in staff training and on acknowledgment documents with staff signatures throughout the hiring process, and those forms were reviewed during the audit in random HR file reviews. Disciplinary sanctions for violations related to sexual abuse are commensurate with the circumstances of the acts and all terminations (and 'in-lieu-of' resignations) related to sexual abuse are reported to local law enforcement and relevant licensing bodies unless determined to be non-criminal acts. The departure of the staff does not halt the investigative process, as verified in Warden and investigator interviews.

## **Standard 115.77: Corrective action for contractors and volunteers**

### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### **115.77 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There have been no incidents this past year requiring discipline of volunteers or contractors and thus no necessity to make any reports on professionals to licensing boards, etc.

Facility policy clearly designates that sexual abuse of an inmate by contract, volunteer or staff member is reported to law enforcement agencies and relevant licensing bodies and such persons will be prohibited from further contact with inmates. Most volunteers are from religious organizations and there have been no incidents involving volunteer/contractor sexual abuse of an inmate, but interviews with the volunteer supervisor (Chaplain) reinforced that they are trained in the agency's policy, in the legal consequences, as well as given related training information on preventing, recognizing, and reporting signs of abuse by others. All volunteer and contractor staff sign acknowledgment forms regarding these policies, actions, and consequences.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider

whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There has been no discipline of inmates this past year for abuse of allegations. In facility policy, and as reported during random and supervisory staff interviews, inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that an inmate engaged in sexual misconduct. The disciplinary process does consider whether an inmate's mental disability or illness contributed to his behavior when determining the type of sanction, and all sanctions are to be commensurate with the nature of the abuse committed, the inmate's history and comparable offenses of other inmates. The disciplinary process clearly defines the ability to hold an inmate accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. All interviews mentioned that good faith reports of sexual abuse, based on a reasonable belief, would not constitute false reporting.

**MEDICAL AND MENTAL CARE**

## Standard 115.81: Medical and mental health screenings; history of sexual abuse

### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

No mental health reviews were offered this past year, but the facility is compliant with this standard because MDOC has collected this data at the Reception Center intake process and entered it into the electronic records system, and mental health services exist at Reception Facilities to meet review requirements and opportunities to seek assistance; there is no provision for offering mental health services at an RCF. The auditor was concerned that this information is frequently years or even decades old, but the facility Case Manager specifically addresses the issue when an offender has experienced past sexual victimization and verifies whether any issues remain to be addressed. Additionally, the Case Manager schedules all inmates to have monthly access, thus this issue can be revisited at any time.

There have been no disclosures of prior abuse by any inmate within the past 12 months but any inmate disclosing prior sexual abuse, whether the victim or perpetrator, while incarcerated or at any other time, will be seen by the medical practitioner very quickly after arrival. Informed consent is obtained prior to reporting prior victimization of adults which occurred outside the institutional setting. Upon interview of medical staff and review of facility policy, it is evident that information related to sexual victimization or abusiveness occurring in the institutional setting would be strictly limited to those staff required to provide appropriate care and program/housing assignments. Extensive Mental Health Services are provided through the Mississippi Department of Corrections facilities, as needed, and inmates with significant needs would likely be transferred back into the larger State system.

## Standard 115.82: Access to emergency medical and mental health services

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC and MCRCF policies mandate immediate and unimpeded access to medical and mental health services, to include crisis intervention and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, for any alleged victim of sexual abuse at no cost to the inmate.

Although emergency care may be provided at Marion General Hospital, if a situation required extensive or long-term treatment, the inmate would be moved back to a prison with a larger medical or mental health unit for stability and treatment.

#### Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

#### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes  
☐ No

#### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Based on medical staff interview and MCRCF policy, the facility will offer medical evaluation, and as appropriate, treatment to all inmates who are victimized by sexual abuse in the facility. The evaluation and treatment of such victims would include appropriate follow-up services, treatment plans, and referrals when necessary; and all are required to be consistent with the community level of care. The medical provider confirmed in her interview that the level of service here is at least equivalent to that of the community. Inmates would receive access to sexually transmitted infection prophylaxis and emergency medical or treatment services at no cost. It should be noted that mental health resources are available only in MDOC facilities, not in RCFs, and transfer is a possibility in order to receive the needed support services. Due to MCRCF being an all-male facility, sections (d-e) of this Standard are not applicable.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There have been no sexual abuse allegations, investigations or Incident Reviews in the past 12 months.

Facility policy requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. The review team includes the Warden and Chief of Operations, with input from line supervisors, investigators, and medical practitioners. Although there have been no incident reviews to date, due to no allegations having been made, interviews with staff that would be included on the incident review team, to include the Warden and PREA Compliance Manager, confirm familiarity with the policy requirement and all considerations that must be reviewed in compliance with the standard.

## Standard 115.87: Data collection

### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  
☒ Yes ☐ No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
☒ Yes ☐ No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☐ Yes ☐ No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

Based on PREA Coordinator staff interviews, with staff from both State and MCRCF levels, and policy requirements listed, the facility will collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by August 30<sup>th</sup> annually. MCRCF does not contract the confinement of its inmates to any private facility.

## Standard 115.88: Data review for corrective action

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCRCF policy requires the review of data collected and aggregated to assess and improve the effectiveness of its abuse prevention, detection and response policies, and training. A report is prepared annually for the facility to compare the current and prior year's data. Although there have been no incidents, other aggregate information is reviewed to seek improvements and submitted to the MDOC for inclusion in their annual reporting and publishing for the State of Mississippi.

### Standard 115.89: Data storage, publication, and destruction

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)



- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Facility policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment are securely retained for a minimum of 10 years after the date of the initial collection unless otherwise required by law. Provided documentation shows that aggregated sexual abuse data under the MDOC is made readily available to the public at least annually through the agency website, following the removal of all personal identifiers. Annual reports are located at [www.mdoc.ms.gov](http://www.mdoc.ms.gov)

## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

#### **115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

#### **115.401 (b)**

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

#### **115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by the auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

<b>AUDITOR CERTIFICATION</b>
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I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

William Peck

July 22, 2019

**Auditor Signature**  
**Date**